



"LaHIPP helps me save money each month, which really adds up!"

-Kendra,  
Baton Rouge, LA

LaHIPP may pay your employer-sponsored insurance, which is insurance available through your job, if you or a member of your family receives Medicaid.

### Employer-sponsored insurance may provide you with:

- » Payment for services that Medicaid does not cover
- » Healthcare for your entire family—even those not eligible for Medicaid
- » Access to more healthcare providers, including many specialists

*To Qualify, You or a Member of Your Family:*

- » Must receive Medicaid benefits
- » Must have access to employer-sponsored insurance, through an employer or a COBRA plan

Applying for LaHIPP is easy! Just complete the application on the inside of this brochure and:

fax it toll free to:

**1-877-419-1384**

OR

mail it to:

Attention: LaHIPP Program  
721 Government St., Suite 103-300  
Baton Rouge, LA 70802

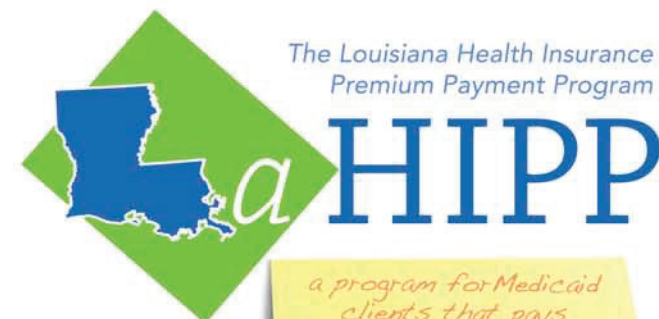
### Do you have questions or need help filling out the LaHIPP application?

We're here to help. Call free at 1.888.My.LaHIPP (1.888.695.2447), Monday through Friday between 8am-5pm. Or visit us online at our website [www.LaHIPP.dhh.louisiana.gov](http://www.LaHIPP.dhh.louisiana.gov).

*Note: Photos do not represent actual clients.*

#### Cost of Printing:

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*a program for Medicaid clients that pays for employer-sponsored insurance—at no cost to you!*







"Before signing on with LaHIPP, my kids and I were just on Medicaid because I couldn't afford to pay for the health insurance my employer offered. One of my kids has a respiratory illness.

Now that LaHIPP pays for my health insurance, my son, daughter, and I have access to more health services, and I still save money."

-Nikeba, Shreveport, LA



"We couldn't afford insurance for the entire family, but now LaHIPP covers that cost and will keep our whole family healthy! We frequently travel due to my child's special medical condition, which can be quite costly. Since we've been on LaHIPP we don't stress out about this expense anymore, which is a big relief."

-Sharon, Amite, LA

## APPLICATION FOR THE LOUISIANA HEALTH INSURANCE PREMIUM PAYMENT (LAHIPP) PROGRAM

1. Do you or someone in your family currently have or have access to health insurance through a job or through COBRA? If yes, select the type of insurance plan you have coverage under:

<input type="checkbox"/> Individual	<input type="checkbox"/> Individual + child(ren)	<input type="checkbox"/> Individual + Spouse	<input type="checkbox"/> Family
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2. Complete the following information regarding the policyholder or the person who has a job.

Policyholder's name:	Date of birth:
Social Security Number:	E-mail:
Phone:	Other phone:

3. Complete the following information regarding the health insurance policy and your current employer.

Policy#:	Group#:	Employer offering this policy:
Insurance company:	Phone:	Employer phone:

4. What is the premium for this policy (if known)? \$\_\_\_\_\_ These premiums are paid/deducted:

<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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5. List all persons covered by the policy who are eligible for Medicaid. (Use extra paper if needed.)

	Name	Social Security Number	Birth date	Relationship to policyholder
1.			/ /	
2.			/ /	
3.			/ /	

6. Are any of the persons listed above pregnant, or any have a special medical condition? (Use extra paper if needed.)

	Name	Medical condition	Name of birthing center (If applicable.)
1.			
2.			

7. Payments are made by directly depositing money into your bank account. Direct deposit helps you avoid trips to the bank, check cashing fees, and even payment delays due to bad weather. You may provide a copy of your voided check or complete the following information.

Account Type (Please Check One): ☐ Checking ☐ Savings Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ (9 Digits) Account #: \_\_\_\_\_

\*The ABA routing number and your account number are located at the bottom of your check.

Routing # 1 : 371070801 Account # : 0075242046 0101

**VOID**

John Doe 0101  
Date: \_\_\_\_\_  
PAY TO THE ORDER OF: \_\_\_\_\_  
MEMO: \_\_\_\_\_  
DOLLARS

For faster processing, attach a copy of your **insurance card** if you have one, **summary of benefits** and **rates** from your employer, and a recent **pay stub** to show your premium deduction.

Fax completed application toll free to 1-877-419-1384

LaHIPP — 721 Government St., Suite 103-300, Baton Rouge, LA 70802